Intervention Compact

OWATONNA
PUBLIC SCHOOLS
INSPIRING EXCELLENCE • EVERY LEARNER • EVERY DAY

Student:_____   Date: _____

Your child has the opportunity to benefit from small group intervention in addition to their homeroom reading class. This small group intervention time is designed to provide additional reading instruction for your child. The benefit of small group instruction provides extra support for individual reading goals. We know that optimal learning can take place when there is a combination of effort, interest and motivation. By working together in a partnership, we will be able to help your child achieve success.

This written pledge lists the collective commitments of the parents, student and teacher.

Parent/Guardian Agreement
I want my child to achieve. As a parent/guardian, I will:
- ❖ Establish a daily reading/study time for my child.
- ❖ Send my child to school prepared, on time, and well rested.
- ❖ Participate in conferences and communicate with teachers.
- ❖ Read with my child on a regular basis.

Parent/Guardian Signature: _____   Date: _____

Student Agreement
I want to do my best on my daily work. As a student, I will:
- ❖ Read at home daily.
- ❖ Do my best and be responsible for my effort and my work.
- ❖ Respect and cooperate with others
- ❖ Come to school every day prepared, on time and well rested.

Student Signature _____   Date: _____

Teacher Agreement
I want your child to succeed in school. As a teacher, I will:
- ❖ Provide a positive and supportive learning experience.
- ❖ Set learning goals with your child.
- ❖ Review progress toward your child's goals regularly.
- ❖ Encourage your child to read/study at home.

Teacher Signature _____   Date: _____

Please return this completed form to your child's classroom teacher by _____.
Thank you! ☺ Please contact us with questions or concerns.

Declining Intervention Services

*I have been informed of the need for reading intervention services for my child, but **decline** these services by signing the bottom of this form. I understand that my child will not receive any additional academic support from the intervention program.*

_____   _____

Parent/Guardian Signature   *Date*